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WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUN 20 1941

DEPARTMENT OF COMMERCE
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH

STANDARD CERTIFICATE OF DEATH

State File No. 18218

Registration District No. 441 Primary Registration District No. 6243 Registrar's No. 30

1. PLACE OF DEATH:

(a) County: Knox

(b) City or town: Knox City Rural (Liberty Twp)
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: /
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution (Specify whether years, months or days)

In this community: Life

2. USUAL RESIDENCE OF DECEASED:

(a) State: Mo. (b) County: Knox

(c) City or town: Knox City Rural (Liberty Twp)
(If outside city or town limit, write "RURAL")

(d) Street No. 0
(If rural, give location)

(e) If foreign born, how long in U. S. A.? years.

3. (a) PRINT FULL NAME: Ida Katherine Galbrecht

3. (b) If veteran, name war:

3. (c) Social Security No.:

4. Sex: Female

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Leo Galbrecht

6. (c) Age of husband or wife if alive: 65 years

7. Birth date of deceased: July (Month) 7 (Day) 1869 (Year)

8. AGE: Years 71 Months 10 Days 19 If less than one day hr. min.

9. Birthplace: Mo. (City, town, or county) (State or foreign country)

10. Usual occupation: Housekeeping

11. Industry or business:

FATHER
12. Name: George Sallee
13. Birthplace: Ky. (City, town, or county) (State or foreign country)

MOTHER
14. Maiden name: Ruth Bozarth
15. Birthplace: Mo. (City, town, or county) (State or foreign country)

16. (a) Informant: Leo Galbrecht.
(b) Address: Knox City Mo.

17. (a) Burial (Burial, cremation, or removal) (b) Date thereof May 29-1941 (Month) (Day) (Year)

(c) Place: burial or cremation: Pleasant Hill.

18. (a) Signature of funeral director: Fullerton Bros.
(b) Address: Kirksville Mo.

19. (a) May 29 1941 (Date received local registrar) (b) Mrs. C.M. Smith (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month May day 26 year 1941 hour 12 minute 25 P.M.

21. I hereby certify that I attended the deceased from April 28, 1941, to May 26, 1941, that I last saw h. alive on April 28, 1941, and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of the Liver

Due to:

Due to:

Other conditions (Include pregnancy within 3 months of death):

Major findings:
Of operations:

Of autopsy:

Duration

PHYSICIAN — Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify):

(b) Date of occurrence:

(c) Where did injury occur? (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? (Specify type of place)

While at work? (e) Means of injury:

23. Signature: L. E. Gaston (M. D. or other) D.

Address: Kirksville Mo. Date signed May 29 1941

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 10
District File Number 6-41-1208
Date Filed JUN 19 1941

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by May 26, Registered Apprentice No. ....., working under my personal supervision.

Signed Otis L. Tutting

Licensed Embalmer No. 2965

P. O. Address Luray Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.